



Form #62-343.900(3) FAC
Form Title: Construction Commencement
Effective Date: October 3, 1995

ENVIRONMENTAL RESOURCE PERMIT CONSTRUCTION COMMENCEMENT NOTICE

Project: _____ Phase: _____

I hereby notify the Department of Environmental Protection that the construction of the surface water management system authorized by Environmental Resource Permit Number

_____ has commenced/is expected to commence on _____

and will require a duration of approximately _____ months _____ weeks _____ days

to complete. It is understood that should the construction term extend beyond one year, I am obligated to

submit the Annual Status Report for Surface Water Management System Construction [DEP Form 62-

343.900(4), F.A.C.]

PLEASE NOTE: If the actual construction commencement date is not known, Department staff should be so notified in writing in order to satisfy permit conditions.

Permittee or Authorized Agent Name (please print)

Permittee or Authorized Agent Signature

Title and Company Name

Company Address

City, State, Zip Code

Telephone Number

**Department of Environmental Protection
Central District Office
3319 Maguire Blvd.
Suite 232
Orlando FL 32803-3767**



Form #62-343.900(5) FAC
Form Title: As-Built Certification by a
Registered Professional
Effective Date: October 3, 1995

ENVIRONMENTAL RESOURCE PERMIT AS-BUILT CERTIFICATION BY A REGISTERED PROFESSIONAL

Permit Number: _____

Project Name: _____

I hereby certify that all components of this surface water management system have been built substantially in accordance with the approved plans and specifications and are ready for inspection. Any substantial deviations (noted below) from the approved plans and specifications will not prevent the system from functioning as designed when properly maintained and operated. These determinations are based upon on-site observation of the system conducted by me or by my designee under my direct supervision and/or my review of as-built plans certified by a registered professional or Land Surveyor licensed in the State of Florida.

Name (please print)

Signature of Professional

Company Name

Florida Registration Number

Company Address

City, State, Zip Code

Telephone Number

(Affix Seal)

Substantial deviations from the approved plans and specifications:

(Note: attach two copies of as-built plans when there are substantial deviations)

Within 30 days of completion of the system, submit two copies of the form to:

**Department of Environmental Protection
Central District Office
3319 Maguire Blvd.
Suite 232
Orlando FL 32803-3767**



Form #62-343.900(6) FAC
Form Title: Inspection Certification
Effective Date: October 3,1995

ENVIRONMENTAL RESOURCE PERMIT INSPECTION CERTIFICATION

Permit Number: _____

Project Name: _____

Inspection Date(s): _____

Inspection results: (check one)

☐ I hereby certify that I or my designee under my direct supervision have inspected the system at the above referenced project and that the system appears to be functioning in accordance with the requirements of the permit and Chapter 373 F.S. (as applicable).

☐ The following necessary maintenance was conducted: _____

☐ I hereby certify that I or my designee under my direct supervision has inspected the system at the above referenced project and that the system does not appear to be functioning in accordance with the requirements of the permit and Chapter 373 F.S. (as applicable). I have informed the operation and maintenance entity of the following: (a) that the system does not appear to be functioning properly, (b) that maintenance is required to bring the system into compliance, and (c) if maintenance measures are not adequate to bring the system into compliance, the system may have to be replaced or an alternative design constructed subsequent to Department approval.

Name

Signature of Professional Engineer

Company Name

Florida Registration Number

Company Address

Date

City, State, Zip Code

Telephone Number

(affix seal)

Within 30 days of completion of the inspection, submit two copies of the form to the following Department Office:

**Department of Environmental Protection
Central District Office
3319 Maguire Blvd.
Suite 232
Orlando FL 32803-3767**



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

ENVIRONMENTAL RESOURCE PERMIT INSPECTION CERTIFICATION

Permit Number: _____

Project Name: _____

Inspection Date(s): _____

Inspection Results: (check one)

_____ I hereby certify that I or my designee under my direct supervision has inspected the system at the above referenced project and that the system appears to be functioning in accordance with the requirements of the permit and Chapter 373 F.S. (as applicable).

_____ The following necessary maintenance was conducted:

_____ I hereby certify that I or my designee under my direct supervision has inspected the system at the above referenced project and that the system does not appear to be functioning in accordance with the requirements of the permit and Chapter 373 F.S. (as applicable). I have informed the operation and maintenance entity of the following: (a) that the system does not appear to be functioning properly, (b) that maintenance is required to bring the system into compliance, and (c) if maintenance measures are not adequate to bring the system into compliance, the system may have to be replaced or an alternative design constructed subsequent to Department approval.

Name (please print)
Engineer

Signature of Professional

Company Name

Florida Registration Number

Company Address

Date

City, State, Zip Code

Telephone Number

(Affix Seal)

Within 30 days of completion of the inspection, submit two copies of this form to:

**Florida Department of Environmental Protection
Submerged Lands and Environmental Resources Program
3319 Maguire Blvd., Suite 232
Orlando, FL 32803**